

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 11 PM 9:34

DOCUMENT # **P93000054131 (6)**

1. Corporation Name  
**VITORIA, INC.**

Principal Place of Business Mailing Address  
**3191 CORAL WAY SUITE 510 MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/03/1993** 3a. Date of Last Report **03/07/1994**

4. FEI Number **65-0436783** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1501 VENERA AVE** 26 **1501 VENERA AVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **210** 27 **210**  
City & State City & State  
23 **CORAL GABLES FL** 28 **CORAL GABLES FL**  
Zip Country Zip Country  
24 **33146** 25 **USA** 29 **33146** 30 **USA**

9. Name and Address of Current Registered Agent  
**ALBORNOZ, WILLIAM H**  
**3191 CORAL WAY SUITE 510 MIAMI FL 33145**

10. Name and Address ~~of~~ Registered Agent **CHANGE**  
81 Name **ALBORNOZ, WILLIAM H**  
82 Street Address (P.O. Box Number is Not Acceptable) **901 RONCE DE LEON BLVD**  
83 **SUITE 701**  
84 City **CORAL GABLES FL** 85 Zip Code **33146**

-> PLEASE CHANGE THE ADDRESS

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE MATTOS VIEIRA, MANOEL C</b>	1.2 NAME	<b>LINO MARINI</b>
STREET ADDRESS	<b>1401 BRICKELL AVE SUITE 320</b>	1.3 STREET ADDRESS	<b>1501 VENERA AVE SUITE 210</b>
CITY - ST - ZIP	<b>MIAMI FL 33145</b>	1.4 CITY - ST - ZIP	<b>CORAL GABLES, FL 33146</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARINI, LINO D</b>	2.2 NAME	<b>LINO MARINI</b>
STREET ADDRESS	<b>1401 BRICKELL AVE, STE 320</b>	2.3 STREET ADDRESS	<b>1501 VENERA AVE SUITE 210</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	<b>CORAL GABLES, FL 33146</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. See an attachment with an address.

SIGNATURE: LINO MARINI P.D. 3/23/95 6094777  
SIGNATURE AND APPLIED ON FINISHED HAND OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone No.)